



Complaint Form

Title II of the American with Disabilities Act Section 504
of the Rehabilitation Act of 1973

Please fill out this form completely, in black ink or type. Sign and return to the address below:

Name of person making this complaint: _____

Address: _____

City _____ State _____ Zip _____ Telephone Number: _____

E-mail address: _____

If complainant is not the individual completing this form, please enter your:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Describe the reason for your complaint:

Signature: _____ Date: _____

ADA Coordinator Monique Gordon

City of Riverside
3900 Main Street, 2nd Floor
Riverside, CA 92522

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For more information or assistance in completing the form, please contact the ADA Coordinator.